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08 C3202

EXHIBITS

FILED

JUL 2 2008 *sem*

Jul 2 2008

**MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT**

Order

CCG N002-300M-2/24/05 ()

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

State of Illinois

v.

Bobby Lee Harrison

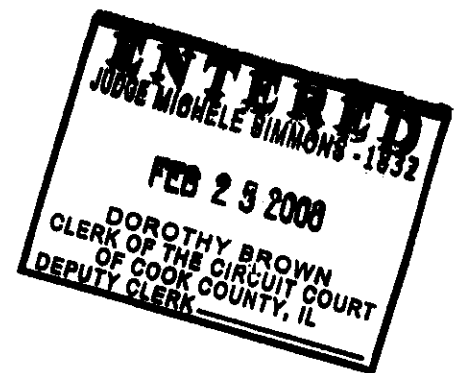
08CV3202
Judge Kennealy

No. 04 CR 23279

ORDER

IT IS THE ORDER OF THIS HONORABLE COURT THAT

The defendant be taken to see the eye doctor at
Cermack Hospital while housed in the custody of the
Cook County Department of Corrections so that the
defendant can receive a new pair of prescription
eye glasses.



Atty. No.:

30295

Name:

Shari Glaney, APD as Standby Counsel

Atty. for:

Bobby Harrison

Address:

16501 S. Kedzie

City/State/Zip:

Markham, IL 60426

Telephone:

(708) 210 4360

ENTERED:

Dated:

February 25, 2008

Judge

Judge's No.

1132

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Order

CCG N002-300M-2/24/05 ()

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

State of Illinois

v.

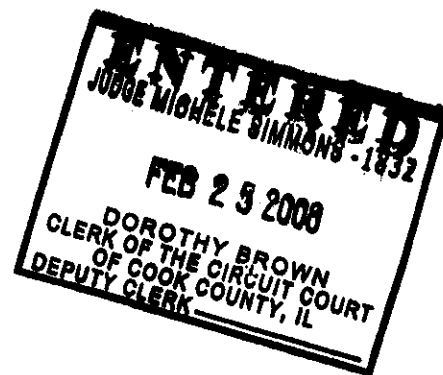
Bobby Lee Harrison

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Atty. No.:

30295

Name: Shari G. Aheey, APD as Standing Counsel

Atty. for: Bobby Harrison

Address: 16501 S. Kedzie

City/State/Zip: Markham, IL 60426

Telephone: (708) 210 4360

ENTERED:

Dated:

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Judge

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State of Illinois

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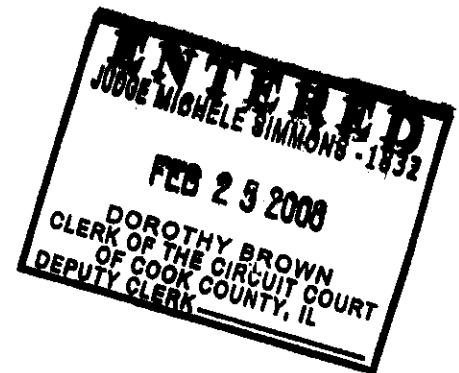
Bobby Lee Harrison

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Atty. for: Bobby Harrison

Address: 16501 S. Kedzie

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Telephone: (708) 210 4360

ENTERED:

Dated:

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Judge

Judge's No.

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Order

CCG N002-300M-2/24/05 ()

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

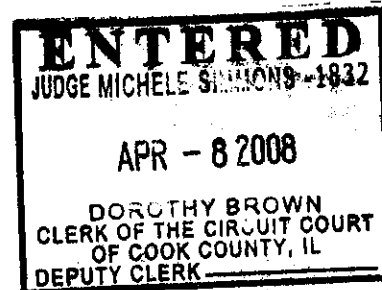
People of the State of Illinois

v.

Bobbie Harrison08CV3202
Judge KennedyNo. 04 CR2379 01

ORDER

This court, having jurisdiction over the above captioned matter, hereby orders that Cermack Hospital shall provide the defendant with an eye examination and corrective lenses as needed, to address his report of failing eyesight.

Atty. No.: 30295Name: Nadine WilliamsAtty. for: Bobbie HarrisonAddress: 116501 S. KedzieCity/State/Zip: Markham ILTelephone: (708) 212-4360

ENTERED:

Dated: 4/8/08

Judge

Judge's No. 142

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Order

CCG N002-300M-2/24/05 ()

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

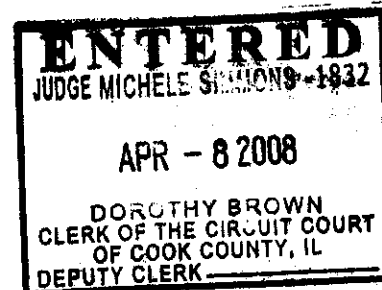
People of the State of Illinois

v.

No. 04 CR 2379 01Bobbie Harrison

ORDER

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Atty. No.: 30295Name: Nadine WilliamsAtty. for: Bobbie HarrisonAddress: 16501 S. KedzieCity/State/Zip: Markham ILTelephone: (708) 212-4360

ENTERED:

Dated: 4/8/08 of

Judge

Judge's No. 1132

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Order

CCG N002-300M-2/24/05 ()

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

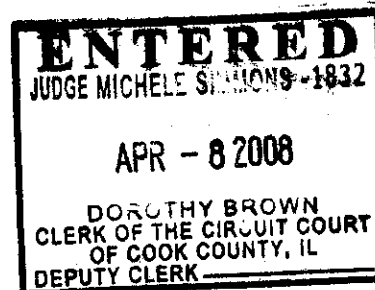
People of the State of Illinois

v.

Bobbie HarrismNo. 04 CR 2379 01

ORDER

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Atty. No.: 30295Name: Nadine WilliamsAtty. for: Bobbie HarrismAddress: 16501 S. KedzieCity/State/Zip: Markham ILTelephone: (708) 212 4360

ENTERED:

Dated: 4/8/08

M. Williams
Judge

Judge's No. 1132

DOROTHY BROWN, CLERK OF THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS

Ms. MiAngel Robinson-Cody
Schiff Hardin LLP
6600 Sears Tower
Chicago, Illinois 60606

February 24-2008.

Mr. Bobby Lee Harrison
ID. 2004 0072892
Div. 16 - 2C
P.O. Box 089002
Chicago Illinois 60608

Case #. 08CV3202

Dear Ms. Robinson-Cody, I hope you all are well.

My last conversation with you was on the phone Thursday 21, 2008. You reminded me about a phone conference set for March 4, 2008. To talk with the Judge. I look forward for the conference, I assume we will be speaking from the Jail.

About my case 1:07-cv-00300 I am willing to go to trial on this case. The truth to be told, I feel it will be the only adequate measure in solved this case. However, we talked on the phone about this issue. I explained to you about Dr. Dunlap. As you already know she denied me further treatment. The lady is rude and unprofessional. I told about you about she being investigating by this CerMAK guy name.... as I was I don't recall his name. Anyway this lady is unreasonable. She gave me an quick examination and kicking me out of her office. I'm not the only one complaining about this lady. The whole Jail do. The County Jail is the only place she allowed to work at. I tried to find out the Division 8 R.T.U. dispensary doctor name, but was unable to get it. I'll check with the social worker. Nevertheless, it's hard to get any information in here.

Ms. Robinson, you asked me what I want to do? I want this case set for ^{trial}. I know it a lot of work in taking any Civil Right case to trial, but some cases need to go. So we will need to get together for amending the complaint to add other defendant, etc.

I go to Criminal Court in the morning, which is the 25. I will attempt to call you in a few days. I need for you to make me some photocopies of the grievances I have included 21 grievances. Send me the 21 pink copies back along with a extra copy of each of the 21 grievances. I need these copies, the law library don't give extra copies.

Thank you for your time. I look forward in talking to you in a few days.

Note: If 29 pink copies
and 1 white copy.

Sincerely,
Bobby Harrison

(WHITE COPY - PROG. SERV.) (YELLOW COPY - C.R.W.) (PINK COPY - DETAINEE) (GOLDENROD COPY - DIVISION/SUPT. OFFICE)

2008 X 0440

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE*

Detainee's Last Name: Harrison First Name: Bobby ID# 2004-0072892Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges been denied his medicationC.R.W. Referred Griev. To: Cermak Date Referred: 03/10/08Response Statement: Referred to Patient Care Services

(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

Date: 3/12/08 Div./Dept. CHS

(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

Date: 3/14/08 Div./Dept. 10

(print - name of Prog. Serv. Admin. / Asst. Admin.)

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date: 3/12/08Date Detainee Received Response: 3/17/08 Detainee Signature: Bobby Harrison**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 3/17/08Detainee's Basis For An Appeal: I been back in div. 1 around 5 months I usual go to the Lawlibrary once a week, and the never medicate me around 4 time in 5 months, and my last court date Feb 2 I wasn't medicate, please can I get my med.

Appeal Board's Acceptance Of Detainee's Request:

YES ☐NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Appeal Board's Signatures / Dates:

Date Detainee Rec.'d the Appl. Bd.'s Response: / / Detainee Signature: GRIEVANCE CODE(S): () () () ()

DEAR Ms. Carroll, this is about the Socialworker Mr. Morales. This guy is ridiculous. He have been our socialworker for 2-c Tier for around 2 months, and has not made an adequate measure in assisting detainees on 2c Tier. He has only passed out postages on a few occasions. He will barely talk to the detainees when he come on the tier. The grievances we turned into him, he never return all of them. I've turned several grievance to Mr. Morales around a month ago, and I still have not receive all of my Copies back. For example, around January 19, 2008 Mr. Morales, called me down stairs to his office to let me signed an appeal for the Dental. I asked Mr. Morales, what happen to the other grievances I gave him, the one about the shade-down, etc? He start looked through his drawer, and determined that none of the grievances have been processed. He said I'll take care of it. Today, is February 10, 2008 and I still have not received those Copies. The detainees on 2-c Tier have not received their Copies either. I sent you a letter, and a grievance, filed against Mr. Morales, with around 35 signatures, around 3 weeks ago, asked you to address this issue, to process the grievance, and to return a copy of the grievance and letter back to me. We have not heard from you. This is a serious matter and we expect for you to support this issue. Mr. Morales, told detainee Terry Brown, that he was afraid to come on 2-c deck, because he was threaten by a detainee. We know that Mr. Morales made up that excuse, to not to come on the deck. Ms. Carroll, the detainees is always locked-up in their cells, when Mr. Morales come on the deck. We detainees have a Constitutional right of access to adequate assistance from a socialworker. Not only have Mr. Morales, violated the detainees rights, he have also violated his duty under the Constitutional standards for not giving meaningful and effective assistance. On Feb 11, 08 I spoke to Mr. Morales, again in his office. I asked ^{him} what happen to the grievance I filed about the detainee's blood? He said, I don't know.

N. Brown Buchanan	ID 20060004242	N. Reginald S. Lane	ID 20070022007
N. Haydell Ruberson	ID 20060075947	N. Roger Williams	ID 20050017090
N. Elliott Brown	ID 20070071910	N. David Turner	ID 20080001259
N. Jason Eull	ID 20070033230	N. Glenda McKinnis	ID 20060060092
N. Michael Black	ID 20060031632	N. Terrell Lopez	ID 20050028027
N. Gurney	ID 20060074474	N. Mr. Curti Greer	ID 20050090113
N. Martin Powell	ID 20060093725	N. Bobby J. Harrison	ID 20040072892
N. Robert Shaffer	ID 0070061488	N.	ID.
N. Dunde Paltoson	ID 2006-0092797	N.	ID.
N. Tracy Williams	ID 20060090099	N.	ID.
N. Charles Hill	ID 20050084808	N.	ID.
N. Jose Romero	ID 20030092847	N.	ID.
N. Timothy Smith	ID 20070080555	N.	ID.
N. Rafael Anderson	ID 20060072167	N.	ID.

Signature Bobby Joe Harrison 20040072892

PART - A / Control # 2007X1319

Referred To: Supt Div-1

COOK

COUNTY DEPARTMENT OF CORRECTIONS
DETAINEE GRIEVANCE

Detainee Last Name: HARRISON First Name: Bobby
 ID. # 20040072392 Div. 1 Living Unit G-2 Date June 24 2007

is pertaining to an incident that happened on G-2 tier Wednesday morning between 9:30 and 10 A.M. June 20, 2007. It was an Confrontation between the detainees. One of the detainees sustained a Serious head injury. Blood were left all over the hall-way. The day shift officer Ms. Castillo, called for 10-10. There was a lot of officers rush to the scene, along with 4 to 5 Supervisors and the Superintendent Salazar. Superintendent Salazar conducted the investigation, and Sgt. Taylor, conducted the Strip-search. He made all of the detainees get against the walls and strip butt-pursed twice, Sugat and Coughs. After the searches was finished, Sgt. Taylor, ordered the detainees to pick up their shoes and walk through the blood bare-foot to their cells. When I got back to my cell, I noticed blood stain on my sock. The G-2 tier was put on lock-down for the rest of the day. The next morning around 8 A.M. June 21, 2007 the high side were let out of their cells. I was called to the hallway around 8:15 A.M. And when I returned around 11:30 A.M. I noticed the blood was still on the floor in the hall-way in front of the cells, and some of the detainees on the high side was tracking back and forward through the blood. I realized this is a medical deck and people is on phy. medication. I walk-up to the inter-lock and spoke to officer Rule, who was working there. I asked officer Rule for some cleaning gear to clean the blood up in the hall-way? He said "no". I say officer, the blood has been on the floor ever since yesterday, and that the detainees were tracking through it, and we may catch some diseases from the blood. Officer Rule said yeah. I agree with you, but ^{I was} ~~was~~ authorized by the Superintendent not to give out any cleaning gear. I told my cellie Trzeciak, what officer Rule said. Trzeciak said I've already spoke to officer Castillo, earlier pertaining to the cleaning gear, and she said that we were on bones, and that the Superintendent Salazar told her that we couldn't get anything to clean up with. I noticed when we locked down at noon on June 21, 2007 the blood were still on the floor in the hall-way. I've also noticed that this place is infested, with insects, rats, and mice and they also tracks through the blood as well, I assumed. Nevertheless, they carries diseases throughout the Jail, and at night the insects, mice, and rats crawling over our commissary, etc. The County has failed to clean up contaminated blood, and failure to regularly provide the detainees with protesting gear to help ^{clean} up the blood as well. I am concern about our health. (What staff know about this incident). The ones who did the shake-down & the tier officers Supt. Salazar, Sgt. Taylor, officer Rule, officer Castillo.

Detainees is witnesses as following: Name: Buchanan ID # 20060004242
 Name: Paul Williams ID # 20030018355 Name: Charles Simon ID # 20060012341
 Name: Charles Ester ID # 20060010102 Name: Charles Rodriguez ID # 20050038475
 Name: Joseph Trzeciak ID # 20060012928 Name: James ID # 20040053384
 Name: James ID # 20040053384 Name: James ID # 20040053384
 That are you requesting: To go to Court health services to be check-out to make sure that I didn't still anything from the infested blood, and that Sgt. Taylor, and Superintendent Salazar be put on re-viction for their negligence.

Bobby Lee Harrison

R.W. Signature: Sgt. Work Date: 6 28 07

NOTE: I noticed again today June 24, 2007 after the clean up there is still blood on

DETAINEE
COPY

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

EMERGENCY GRIEVANCES ARE THOSE INVOLVING AN IMMEDIATE THREAT TO THE WELFARE OR SAFETY OF A DETAINEE

Detainee's Last Name: HARRISON First Name: Bobby ID# 2004-0072892Is This Grievance An Emergency? YES ☐ NO ☒C.R.W.'S Summary Of The Complaint: Detainee alleges unhealthy living unit conditions -C.R.W. Referred Griev. To: Supt Div-1 Date Referred: 6/29/07

Response Statement:

LIVING UNIT DAYROOM AREA WAS CLEAN & TREATED BY THE END OF 7-3 SHIFTJ.B. SALAZAR
(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

Date: 6/29/07 Div./Dept. FJ.B. SALAZAR
(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

Date: 6/29/07 Div./Dept. FJ. Mueller
(print - name of Prog. Serv. Admin. / Asst. Admin.)

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date: 6/29/07Date Detainee Received Response: 6/29/07 Detainee Signature: Bobby Harrison**REQUEST FOR AN APPEAL**

APPEALS MUST BE MADE WITHIN 14 DAYS OF THE DATE THE DETAINEE RECEIVED THE RESPONSE

Date Detainee Request For An Appeal: 6/29/07Detainee's Basis For An Appeal: The Hallway wasn't clean-up until the next day June 21, 07 after we got lock up around 12 noon I got blood on my feet because the Sgt. made us walk through it
Appeal Board's Acceptance Of Detainee's Request: YES ☐ NO ☒ his ID. is 20040057

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Living unit was cleaned - Detainee can address health concern with a request to CHS

Appeal Board's Signatures / Dates:

7-10-07Date Detainee Rec.'d the Appl. Bd.'s Response: 7/11/07 Detainee Signature: Bobby Harrison

GRIEVANCE CODE(S): () () () ()

C.C.D.O.C. DETAINEE GRIEVANCE / REFERRAL & RESPONSE

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Response Statement:

Preferred to Patient Care Services

(print - name of individual responding to this griev.)

(signature of individual responding to this griev.)

Date: 3/12/08Div./Dept. CHS

(print - name of Supt. / Designee / Dept. Admin.)

(signature of Supt. / Designee / Dept. Admin.)

Date: 3/14/08Div./Dept. 10

(print - name of Prog. Serv. Admin. / Asst. Admin.)

(signature of Prog. Serv. Admin. / Asst. Admin.)

Date: 3/12/08Date Detainee Received Response: 3/17/08 Detainee Signature: Bobby Harrison**REQUEST FOR AN APPEAL**

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Date Detainee Request For An Appeal: 3/17/08Detainee's Basis For An Appeal: I been back in div. 1 around 5 months I usual go to the law library once a week, and the never medicate me around 4 time in 5 months, and my last court date Feb 2 I wasn't medicate, please can I get my med.

Appeal Board's Acceptance Of Detainee's Request:

YES ☐NO ☐

Appeal Board's Reasoning / Decision / Recommendation To The Superintendent Or Administrator:

Appeal Board's Signatures / Dates:

Date Detainee Rec.'d the Appl. Bd.'s Response: / / Detainee Signature:

GRIEVANCE CODE(S): () () () ()



Cermak Health Services of Cook County
2800 S. California Avenue
Chicago, IL 60608

DETAINEE HEALTH SERVICE REQUEST FORM

Mark box ☒ on the left of answers or print in space provided.
Side 1 - English

Name: Bobby Harrison Today's Date: March 28 08

ID #: 2004 -- 0072892 Division: 10 Tier: 2-C Birth Date: 12-25-52
(Booking Year) (Number)

FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.

☐ I want information about HIV / AIDS

Describe your problem: I was sent to proident hospital in the first week in January, 2008. to get an Lower g.I. to Check my Colon. The Doctor wasnt there. I was rescheduled for the following week. Today is March 28, 2008 I haven't been back yet. I noticed blood in my stool on several occasions. Could I please get back to the hospital to get my Colon Check. it had around 2 years before it was checked and I was prescribed medicine for my problem.
How long have you had this problem? 8 days / weeks / months (circle one)

Next Court Date:

HISTORICAL DO NOT WRITE BELOW THIS LINE

Referred to: ☐ Medical ☐ Dental ☐ Mental Health ☐ Health Educator ☐ DOC Date:

Initial Provider Note:

Signature/Title: _____ Date: _____ Time: _____

Secondary Disposition: (as indicated): Recommended Follow-up: ☐ Sick Call ☐ PRN

Signature/Title: _____ Date: _____ Time: _____

Appointment Scheduler:

Appointment Date: _____

Signature/Title: _____

Date: _____ Time: _____



PATIENT LABEL



Cermak Health Services of Cook County
2800 S. California Avenue
Chicago, IL 60608

DETAINEE HEALTH SERVICE REQUEST FORM

Mark box ☒ on the left of answers or print in space provided.
Side 1 - English

Name: Subby Harrison Today's Date: 1-27-07

ID #: 2004 -- 0072992 Division: 10 Tier: 2-C Birth Date: 12-26-52
(Booking Year) (Number)

FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.

☐ I want information about HIV / AIDS

Describe your problem: I need to see a doctor for my back
problem. I can barely bent over

How long have you had this problem? 2 days / weeks / months (circle one)
Next Court Date:

IIISTOP!!! DO NOT WRITE BELOW THIS LINE

Referred to: ☐ Medical ☐ Dental ☐ Mental Health ☐ Health Educator ☐ DOC Date:

Initial Provider Note: _____

Signature/Title: _____ Date: _____ Time: _____

Secondary Disposition: (as indicated): Recommended Follow-up: ☐ Sick Call ☐ PRN

Signature/Title: _____ Date: _____ Time: _____

Appointment Scheduler:

Appointment Date: _____

Signature/Title: _____

Date: _____ Time: _____



PATIENT LABEL



Cermak Health Services of Cook County
2800 S. California Avenue
Chicago, IL 60608

DETAINEE HEALTH SERVICE REQUEST FORM

Mark box ☐ on the left of answers or print in space provided.
Side 1 - English

Name: Bobby Harrison Today's Date: 1-26-07

ID #: 2004 -- 0072892 Division: 16 Tier: 2C Birth Date: 12-28-52
(Booking Year) (Number)

FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.

☐ I want information about HIV / AIDS

Describe your problem: I been having serious headaches
for around a month, dizziness can I please
see a doctor

How long have you had this problem? 1 days / weeks / months (circle one)
Next Court Date:

!!!STOP!!! DO NOT WRITE BELOW THIS LINE

Referred to: ☐ Medical ☐ Dental ☐ Mental Health ☐ Health Educator ☐ DOC Date:

Initial Provider Note: _____

Signature/Title: _____ Date: _____ Time: _____

Secondary Disposition: (as indicated): Recommended Follow-up: ☐ Sick Call ☐ PRN

Signature/Title: _____ Date: _____ Time: _____

Appointment Scheduler:

Appointment Date: _____

Signature/Title: _____

Date: _____ Time: _____



PATIENT LABEL



Cermak Health Services of Cook County
2800 S. California Avenue
Chicago, IL 60608

DETAINEE HEALTH SERVICE REQUEST FORM

Mark box ☒ on the left of answers or print in space provided.
Side 1 - English

Name: Bobby Lee Harrison Today's Date: 3-10-08

ID #: 2004-0022892 Division: 10 Tier: 2C Birth Date: 12-26-54
(Booking Year) (Number)

FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.

☐ I want information about HIV / AIDS

Describe your problem: I went to the Dentist around 3 weeks ago pertaining to infection tooth and bleeding gums. The Dentist say I have build-up what caused my gums to bleed. I asked the Dentist about cleaning my teeth, he denied it. He said the County don't clean teeth. I need my teeth clean, because this bleeding can result into gum disease. Please Can I get my teeth clean? Thank you.

How long have you had this problem? _____ days / weeks / months (circle one)

Next Court Date: _____

STOP!! DO NOT WRITE BELOW THIS LINE

Referred to: ☐ Medical ☐ Dental ☐ Mental Health ☐ Health Educator ☐ DOC Date: _____

Initial Provider Note: _____

Signature/Title: _____ Date: _____ Time: _____

Secondary Disposition: (as indicated): Recommended Follow-up: ☐ Sick Call ☐ PRN

Signature/Title: _____ Date: _____ Time: _____

Appointment Scheduler:

Appointment Date: _____

Signature/Title: _____

Date: _____ Time: _____



PATIENT LABEL



Cermak Health Services of Cook County
2800 S. California Avenue
Chicago, IL 60608

DETAINEE HEALTH SERVICE REQUEST FORM

Mark box ☐ on the left of answers or print in space provided.
Side 1 - English

Name: Bobby Harrison Today's Date: Jan. 21, 07

ID #: 2004 -- 0072992 Division: 10 Tier: 2-C Birth Date: 12-26-52
(Booking Year) (Number)

FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.

☐ I want information about HIV / AIDS

Describe your problem: I made a request around a week ago about my cell having the T.B. Mr. Adams got blood on my pillow and other stuff in the room. Mr. Robert Adams admitted that he used to have T.B. and they didn't give him a T.B. Test would he come in on the next, I think I have been contracted to this disease I demand a T.B. Test. Nurse Price & Nurse Gates have denied me a test.
How long have you had this problem? 8 days / weeks / months (circle one)
Next Court Date:

STOP!! DO NOT WRITE BELOW THIS LINE

Referred to: ☐ Medical ☐ Dental ☐ Mental Health ☐ Health Educator ☐ DOC Date:

Initial Provider Note: _____

Signature/Title: _____ Date: _____ Time: _____

Secondary Disposition: (as indicated): Recommended Follow-up: ☐ Sick Call ☐ PRN

Signature/Title: _____ Date: _____ Time: _____

Appointment Scheduler:

Appointment Date: _____

Signature/Title: _____

Date: _____ Time: _____



PATIENT LABEL



Cermak Health Services of Cook County
2800 S. California Avenue
Chicago, IL 60608

DETAINEE HEALTH SERVICE REQUEST FORM

Mark box ☒ on the left of answers or print in space provided.
Side 1 - English

Name: Bobby Lee Harrison Today's Date: 7-21-2008
ID #: 2004-0022892 Division: 10 Tier: 2-C Birth Date: 12-26-52
(Booking Year) (Number)

FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.

☐ I want information about HIV / AIDS

Describe your problem: I been having a toothache for over 3 months my gum is infection. I am in serious pain my gums bleeding all the time May I please see a dentist this is an emergency Thank you

How long have you had this problem? over 3 days / weeks / months (circle one)
Next Court Date:

!!!STOP!!! DO NOT WRITE BELOW THIS LINE

Referred to: ☐ Medical ☐ Dental ☐ Mental Health ☐ Health Educator ☐ DOC Date:

Initial Provider Note: _____

Signature/Title: _____ Date: _____ Time: _____

Secondary Disposition: (as indicated): Recommended Follow-up: ☐ Sick Call ☐ PRN

Signature/Title: _____ Date: _____ Time: _____

Appointment Scheduler:

Appointment Date: _____

Signature/Title: _____

Date: _____ Time: _____





Cermak Health Services of Cook County
2800 S. California Avenue
Chicago, IL 60608

DETAINEE HEALTH SERVICE REQUEST FORM

Mark box ☒ on the left of answers or print in space provided.
Side 1 - English

Name: Bobby Harrison Today's Date: Jan. 1, 07

ID #: 2004 -- 0072992 Division: 10 Tier: 2-C Birth Date: 12-26-52
(Booking Year) (Number)

FOR A MEDICAL / DENTAL / MENTAL HEALTH PROBLEM USE A SEPARATE REQUEST FORM FOR EACH PROBLEM. EACH FORM WILL BE SENT TO THE APPROPRIATE HEALTH SERVICE PROVIDER.

☐ I want information about HIV / AIDS

Describe your problem: I can't see, I need to see an ophthalmologist for my eyes. The glasses that was prescribed to me in May 2007, I barely can see out of them. My old pair of bifocals, only have one lens. I showed Dr. Donlope, she denied making me appoint to see the eye-doctor.

How long have you had this problem? 8 days / weeks / months (circle one)
Next Court Date:

IIIISTOPIII DO NOT WRITE BELOW THIS LINE

Referred to: ☐ Medical ☐ Dental ☐ Mental Health ☐ Health Educator ☐ DOC Date:

Initial Provider Note:

Signature/Title: _____ Date: _____ Time: _____

Secondary Disposition: (as indicated): Recommended Follow-up: ☐ Sick Call ☐ PRN

Signature/Title: _____ Date: _____ Time: _____

Appointment Scheduler:

Appointment Date: _____

Signature/Title: _____

Date: _____ Time: _____



PATIENT LABEL